

215040728
62818

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 208	Agency Case No. B5-092764	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1					
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 10/01/2015		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY 10/05/2015					
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1450	POLICE NOTIFIED 1548						
B 70	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 1000 S. 70th		PRIVATE PROPERTY? <input checked="" type="radio"/> YES <input type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO						
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.							
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION							
NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING						
			1.00	X	1000 S. 70th						
V1/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN										
V2/M 14	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN						
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO						
VEHICLE NO. 1											
F 1	DRIVER LICENSE NO.	DRIVER Parked Unattended			STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE					
V1/N 1	DRIVER ADDRESS			PHONE	LOCAL NO.						
V2/N 1	OWNER RUTH H NEEMAN			PHONE 402-297-0087	LOCAL NO. 10-1-43						
G 1	OWNER ADDRESS			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.						
H 5	LICENSE PLATE PA NO.	11R575	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE					
V1/O 1	VEHICLE	2005	MAKE	Pontiac	MODEL	Sunfire					
V2/O 1	VEHICLE ID NO. (VIN)	3G2JB12F55S196589		BODY STYLE	2 door Sedan	COLOR	blue				
				ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 500						
				INSURANCE COMPANY	American Family						
				POLICY NO.	2016-3721-02-56-FPPA-NE						
VEHICLE NO. 2											
I 1	DRIVER LICENSE NO.	H13724282			STATE (Of License)	NE					
V1/P 7	DRIVER CLARISSA J SNOW			PHONE 402-805-7386	LOCAL NO.						
V2/P 8	DRIVER ADDRESS			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	05/25/1999					
J 01	OWNER CAROL SNOW			PHONE 402-782-2300	LOCAL NO. 8-13-63						
V1/Q 4	OWNER ADDRESS			CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.					
V2/Q 4	LICENSE PLATE PA NO.	SKP172	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE					
V2/Q 4	VEHICLE	2003	MAKE	Honda	MODEL	Pilot					
V2/Q 4	VEHICLE ID NO. (VIN)	2HKYF18593H505632		BODY STYLE	Medium/large	COLOR	green				
				ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 500						
				INSURANCE COMPANY	Allied						
				POLICY NO.	PPGM0002924260-3						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)											
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS									
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS									
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092764



Indicate
North
by Arrow

Lincoln East High School
1000 S. 70th

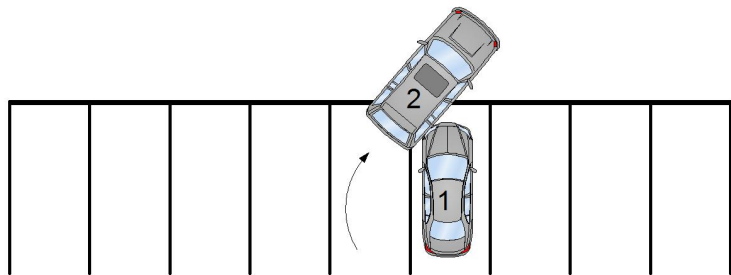


POI

**Unknown
Vehicles not at scene
Belated report**

11"-26" AGL

**Measurements Approximate
Not To Scale**



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicles 1 and 2 were in the parking lot of Lincoln East High School located at 1000 S. 70th. The regular driver of vehicle 1 described that her vehicle was hit sometime prior to 1530 on 10-1-15. A witness had left a note on the vehicle providing a license plate of the vehicle that had hit hers and she left the scene. I was able to contact Driver 2. Vehicle 2 was the vehicle responsible. Driver 2 stated that she was unaware that she had hit anything when she left that day. Driver 2 described that she would have been parked facing northbound and when she pulled out of the parking spot she pulled forward and turned to the right. This was consistent with the damage to both vehicles. No citations were issued as driver 2 stated numerous times she was unaware she had collided with vehicle 1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Ora P Haar	ADDRESS 7611 Wren Ct., Lincoln, NE 68506			PHONE 402-202-6792
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	0	VEH 2	1	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME													
1	X				PVT LOT													
2	X				PVT LOT													
1	10				06 Turning left	VEHICLE 1		08	08	VEHICLE 2		04						
2	05				08 Entering traffic lane	POINT OF IMPACT		08	04	POINT OF IMPACT		04						
				01 Essentially straight ahead				00 None		02		03		04				
				02 Backing				09 Top & windows		01		05						
				03 Changing lanes				10 Undercarriage		08		07		06				
				04 Overtaking/Passing				11 Total (all areas)										
				05 Turning right				12 Other										
				13 Unknown														
OFFICER NO. 1549				TROOP/TEAM/BEAT 5				DEPARTMENT Lincoln Police Department				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
INVESTIGATOR NAME (Print or Type) Michael Wambold								INVESTIGATOR SIGNATURE Approved by Officer Michael Wambold								DATE OF REPORT 10/05/2015		